

# CLAIMS ONLY BEST AVAILABLE COPY

Application Number

10/613, 205

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 5/10/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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4						
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7						
8						
9						
10	1					
11		1				
12		1				
13		1				
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49						
50						
Total Indep	3					
Total Depend	13					
Total Claims	16					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						